

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00053553 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|   |                             |   |
|---|-----------------------------|---|
| Full Name of Payee<br><b>Federal Capitol Communications Corporation</b> |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 24 / 2016</b>  |
| Mailing Address <b>228 S. Washington St., Suite B30 N</b>               |                             | Amount<br><b>1000.00</b>  |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>          | Zip Code<br><b>22314</b>  |
| Purpose of Expenditure<br><b>Graphic Art Design</b>                     | Category/Type<br><b>004</b> | Transaction ID : <b>70013648</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Rob Portman</b>                         |                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b>  |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |

|  |                             |   |
|--|-----------------------------|---|
| Full Name of Payee<br><b>Master Print, Inc.</b>                        |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 23 / 2016</b>  |
| Mailing Address <b>P.O. Box 1467</b>                                   |                             | Amount<br><b>15631.27</b>   |
| City<br><b>Newington</b>   | State<br><b>VA</b>          | Zip Code<br><b>22122</b>  |
| Purpose of Expenditure<br><b>Print 4 Color Postcards</b>               | Category/Type<br><b>004</b> | Transaction ID : <b>70014511</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Rob Portman</b>                        |                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |

|   |                 |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>16631.27</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) TOTAL Independent Expenditures..... ▶                   |                 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 24 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00053553  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |  |                                  |
|--|-----------------------------|--|----------------------------------|
| Full Name of Payee<br><b>Prolist Inc.</b>                              |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 24 / 2016</b>   |                                  |
| Mailing Address <b>4510 Buckeystown Pike, Suite M</b>                  |                             | Amount<br><b>169526.71</b>   |                                  |
| City<br><b>Frederick</b>   | State<br><b>MD</b>          | Zip Code<br><b>21704-7539</b>  | Transaction ID : <b>70019030</b> |
| Purpose of Expenditure<br><b>Postage</b>                               | Category/Type<br><b>004</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY   |                                  |
| Name of Federal Candidate<br><b>Rob Portman</b>                        |                             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>OH</b> |                                  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |                                  |

|  |                             |  |                                  |
|--|-----------------------------|--|----------------------------------|
| Full Name of Payee<br><b>Prolist Inc.</b>                              |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 24 / 2016</b>   |                                  |
| Mailing Address <b>4510 Buckeystown Pike, Suite M</b>                  |                             | Amount<br><b>9772.59</b>   |                                  |
| City<br><b>Frederick</b>   | State<br><b>MD</b>          | Zip Code<br><b>21704-7539</b>  | Transaction ID : <b>70045353</b> |
| Purpose of Expenditure<br><b>Postcards</b>                             | Category/Type<br><b>004</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY   |                                  |
| Name of Federal Candidate<br><b>Rob Portman</b>                        |                             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>OH</b> |                                  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |                                  |

|  |                  |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>179299.30</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                  |
| (c) TOTAL Independent Expenditures.....▶                   |                  |

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Mary Rose Adkins

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00053553  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |   |                                  |
|---|-----------------------------|---|----------------------------------|
| Full Name of Payee<br><b>Federal Capitol Communications Corporation</b> |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 23 / 2016</b>  |                                  |
| Mailing Address <b>228 S. Washington St., Suite B30 N</b>               |                             | Amount<br><b>900.00</b>   |                                  |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>          | Zip Code<br><b>22314</b>  | Transaction ID : <b>70046095</b> |
| Purpose of Expenditure<br><b>Graphic Art Design</b>                     | Category/Type<br><b>004</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY  |                                  |
| Name of Federal Candidate<br><b>Sen. Richard M. Burr</b>                |                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b> |                                  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b>  |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |                                  |

|  |                             |   |                                  |
|--|-----------------------------|---|----------------------------------|
| Full Name of Payee<br><b>Master Print, Inc.</b>                        |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 23 / 2016</b>  |                                  |
| Mailing Address <b>P.O. Box 1467</b>                                   |                             | Amount<br><b>3681.98</b>  |                                  |
| City<br><b>Newington</b>   | State<br><b>VA</b>          | Zip Code<br><b>22122</b>  | Transaction ID : <b>70047640</b> |
| Purpose of Expenditure<br><b>Print 4 Color Postcards</b>               | Category/Type<br><b>004</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY  |                                  |
| Name of Federal Candidate<br><b>Sen. Richard M. Burr</b>               |                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b> |                                  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |                                  |

|  |                |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>4581.98</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                |
| (c) TOTAL Independent Expenditures.....▶                   |                |

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Mary Rose Adkins

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| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00053553 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|  |                             |   |
|--|-----------------------------|---|
| Full Name of Payee<br><b>Prolist Inc.</b>                              |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 23 / 2016</b>  |
| Mailing Address <b>4510 Buckeystown Pike, Suite M</b>                  |                             | Amount<br><b>45564.17</b>   |
| City<br><b>Frederick</b>   | State<br><b>MD</b>          | Zip Code<br><b>21704-7539</b>   |
| Purpose of Expenditure<br><b>Postage</b>                               | Category/Type<br><b>004</b> | Transaction ID : <b>70048292</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Sen. Richard M. Burr</b>               |                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |

|  |                             |   |
|--|-----------------------------|---|
| Full Name of Payee<br><b>Prolist Inc.</b>                              |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 23 / 2016</b>  |
| Mailing Address <b>4510 Buckeystown Pike, Suite M</b>                  |                             | Amount<br><b>2729.48</b>  |
| City<br><b>Frederick</b>   | State<br><b>MD</b>          | Zip Code<br><b>21704-7539</b>   |
| Purpose of Expenditure<br><b>Postcards</b>                             | Category/Type<br><b>004</b> | Transaction ID : <b>70048922</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Sen. Richard M. Burr</b>               |                             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>0.00</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |

|  |                  |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>48293.65</b>  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                  |
| (c) TOTAL Independent Expenditures.....▶                   | <b>248806.20</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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